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22193 7590 12/01/2001

HUMAN GENOME SCIENCES INC
9410 KEY WEST AVENUE
ROCKVILLE, MD 20850

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APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
09/389,287	06/08/2000	Guo-Liang Yu	PF345P3C1	1322

TITLE OF INVENTION: ANTIBODIES TO NEUTROKINE-ALPHA

TOTAL CLAIMS	APPLN TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEES DUE	DATE DUE
292	nonprovisional	NO	\$1280	\$0	\$1280	04/01/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
PRAHAD, SARADA C	1646	435-069500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Human Genome Sciences, Inc.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

HUMAN GENOME SCIENCES, INC.

9410 Key West Avenue
Rockville, MD 20850
United States of AmericaPlease check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed.

☐ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 5

4b. Payment of Fee(s).

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-3425 (enclose an extra copy of this form)

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(Authorized Signature) Kenley K. Hoover (Date)Reg. No.
(40,302)01/16/02

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